

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

375

1. PLACE OF DEATH  
16 County Cape Girardeau Registration District No. 125  
1 Township 11 Primary Registration District No. 3009  
8 City 11 (No. St. Francis Hospital St. 20 Ward)

2. FULL NAME Eva H Faust  
(a) Residence, No. 11 St. 20 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1880  
7. AGE YEARS 52 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) 2nd 11. Total time (years) spent in this occupation 235  
12. BIRTHPLACE (CITY OR TOWN) Pasey Co., Ind. (STATE OR COUNTRY) 2  
13. NAME Mathaniel Gregory  
14. BIRTHPLACE (CITY OR TOWN) Pasey (STATE OR COUNTRY) Ind.  
15. MAIDEN NAME Luella Hallenworth  
16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) 2nd  
17. INFORMANT J. C. Faust (ADDRESS) Cape Girardeau, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Juden Cemetery DATE Jan 28, 1931  
19. UNDERTAKER Garberg & Co (ADDRESS) Cape Girardeau, Mo.  
20. FILED 1/28, 1932 W. A. Schen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1931  
22. I HEREBY CERTIFY That I attended deceased from Dec 17, 1931, to Jan 9, 1932  
I last saw her alive on Jan 26, 1932 Death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset 1-25-32  
121B  
129 121  
Other contributory causes of importance:  
Chronic appendicitis Nov 1931  
Name of operation appendectomy Date of Jan 23, 32  
What test confirmed diagnosis? Was there an autopsy?  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 1 Date of injury 1931  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury 1  
Nature of injury 1  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify W. A. Schen M. D.  
(Signed) W. A. Schen (Address) Cape Girardeau, Mo.

